

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

34346

1. PLACE OF DEATH

County St. Louis

Registration District No. 789

Township Central

Primary Registration District No. 660323

City Pin Oak

(No. 3800 Circle Grove)

File No.

Registered No. 294

St. Ward

2. FULL NAME

(a) Residence, No. 3800 Circle Grove St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. Capeldo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Route Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cerely Dairy

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Michael Blanchfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. J. Sutter

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Oct 11 1933

19. UNDERTAKER (ADDRESS) Thomas J. Finner

20. FILED 10/10 1933 John Gray, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1933, to Oct 9 1933

I last saw him alive on Oct 8 1933. Death is said

to have occurred on the date stated above, at 7 4 m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart Date of onset ?

Other contributory causes of importance Postmortal Dehydration Oct 7-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Louis Schaefer, M. D. (Address) 2200 Chouteau Ave



SECTION OF